



# Oregon State University

## OSU Prescription Safety Glasses Request & Authorization Form (Please Print)

Employee Name \_\_\_\_\_ ID Number \_\_\_\_\_

Department \_\_\_\_\_ Employee Phone # \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Index Number \_\_\_\_\_

Safety Glasses will be used for:  Laboratory  Industrial Safety

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

By his/her signature, the employee acknowledges that the wearing of safety glasses is a requirement for certain aspects of his/her job and the appropriate use of the safety glasses is expected.

### Instructions

1. Print and complete Authorization Form.
2. Get Supervisor's approval signature.
3. Obtain a current eyeglass prescription from an eye care provider of your choice. (Eye examination is at the employee's expense.)
4. Take prescription and Authorization form to the currently selected optical vendor for frame selection and fitting. (**Current selected vendor is Valley Eye Care, 1505 NW Harrison Blvd – 541-754-6222.** Call EH&S at 541-737-2273 for additional vendors.)
5. Vendor will notify you when glasses are ready; allow two weeks from date of selection.